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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/598,911	
	Filing Date	June 7, 2007	
	First Named Inventor	James William Leahy	
	Art Unit	1626	
	Examiner Name	Susannah Lee Chung	
		Attorney Docket Number	05-905-A5

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC ( <b>Appeal              Notice, Brief, Reply Brief</b> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Issue Fee Transmittal and 1.312              Amendment</b>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2490.</td> </tr> </table>			Remarks	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2490.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	McDonnell Boehnen Hulbert & Berghoff LLP		
Signature	/Michael S. Greenfield/		
Printed name	Michael S. Greenfield		
Date	April 20, 2011	Reg. No.	37,142

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Signature	/Michael S. Greenfield/		
Typed or printed name	Michael S. Greenfield	Date	April 20, 2011

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